

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2004 - JUNE 30, 2005**

COUNTY OF SAN DIEGO
CLERK OF SUPERIOR COURT
JUL 14 -7 PM 4:45
JUL 14 2005
CLERK OF SUPERIOR COURT

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

Division/Unit: AMH/SDCPH

2. VOLUNTEER PROGRAM BENEFITS:

- a. **GENERAL VOLUNTEERS** (this section should include community volunteer, student intern, groups, corporations, etc.)

| | | | | | | | |
|----------|-----------|-------|------------|---|---------|---|---------|
| No. Vol. | <u>14</u> | Hours | <u>149</u> | x | \$17.55 | = | 2614.95 |
|----------|-----------|-------|------------|---|---------|---|---------|

Types of work performed by GENERAL VOLUNTEERS in this category:

- b. **INSTITUTIONAL VOLUNTEERS** (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

| | | | | | | | |
|----------|----------|-------|-------|---|----------|---|-------|
| No. Vol. | <u>0</u> | Hours | _____ | x | \$ 17.55 | = | _____ |
|----------|----------|-------|-------|---|----------|---|-------|

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. **SPECIALIZED VOLUNTEERS** (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

| | | | | | |
|----------|-------|---|-------|---|----------------|
| Position | Hours | x | VCL | = | Dollar Benefit |
| <u>0</u> | _____ | x | _____ | = | \$ _____ |

| | | | | | |
|---------|-------|-------------|-------|-------------|----------|
| No. Vol | _____ | Total Hours | _____ | Total Value | \$ _____ |
|---------|-------|-------------|-------|-------------|----------|

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

| <u>Benefit</u> | <u>No. of Volunteers</u> | <u>Hours</u> | <u>Dollar</u> |
|----------------|--------------------------|--------------|-------------------|
| 2a: | <u>14</u> | <u>149</u> | <u>\$ 2614.95</u> |
| 2b: | <u>0</u> | | <u>\$</u> |
| 2c: | <u>0</u> | | <u>\$</u> |

| | | | |
|---------|-----------|------------|-------------------|
| TOTALS: | <u>14</u> | <u>149</u> | <u>\$ 2614.95</u> |
|---------|-----------|------------|-------------------|

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

| <u>Item Donated</u> | <u>Value</u> | <u>Item Donated</u> | <u>Value</u> |
|---------------------|--------------|---------------------|--------------|
| <u>N/A</u> | <u>\$</u> | | <u>\$</u> |
| <u></u> | <u>\$</u> | <u></u> | <u>\$</u> |

| |
|-------------------------|
| TOTAL VALUE \$ <u>0</u> |
|-------------------------|

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 149 x Rate 22.57 \$ \$ 3362.93

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 10 x Rate 26.13 \$ \$ 261.30

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

| <u>N/A</u> | <u>Item</u> | <u>Cost</u> |
|------------|-------------|-------------|
| | | |
| | | |
| | | |

TOTAL OF OTHER PROGRAM COSTS

=

\$ 0

d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 3624.23

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 2614.95

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0

ADD a + b \$ 2614.95

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 3624.23)

TOTAL PROGRAM BENEFIT \$ -1009.28

6. **RECRUITING:**

Please describe your recruiting programs:

We have no formal or informal recruitment process. We have had interested persons call us for the opportunity. Recently, the SDCPH Hospital Auxiliary put in their newsletter an article about having volunteers come from their membership.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

The San Diego Humane Society came from May 04-May 05 once a month. We continue to have our other animal-assisted activity and our volunteer with her two dogs come once a week. We have two new volunteers that started this spring that assist therapists with programs. We have a number of long-term volunteers that help with the Sunday church service at the hospital, some over 25 years!!

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue Vesper services and find another organization to fill a once a month vacancy. Continue Animal-Assisted Activities. We are on a waiting list to get back with the Humane Society. Maintain 1-2 volunteers to assist the Activity Therapy Program needs.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Nancy Bazzetta

Phone Number: (619) 692-8241 Mail Stop P533 E-Mail Nancy.Bazzetta@sdcounty.ca.gov

Volunteer Coordinator: Lori Thibault

Phone Number: (619) 563-2714 Mail Stop P531F E-Mail MailLori.Thibault@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

Nancy Bozette
DEPARTMENT HEAD SIGNATURE

DATE 7/6/05